an examination in any state, country, or U.S. for		atric medicine or any other healing arts, or permission to take?	
	ive details below:		•
		D 6 D 11	
State or County	Date of Denial	Reason for Denial	
by the U.S. military, U.S. Public Health Service that body?	ce or other U.S. Fe	er unlawful activity by any healing arts licensing authority or ederal government entity and are awaiting final disposition by a separate sheet of paper.	0
10 11			
19. Have you ever voluntarily surrendered a license	•	_	O
Yes No If yes, pl	ease explain on a	separate sheet of paper.	
20. Have you ever had staff privileges in a hospital or other health care facility denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action? Yes No If yes, please explain on separate piece of paper.			0
21. Are you now, or were you in the past, addicted to or treated for addiction to controlled substances, such as narcotics or			
alcohol? Yes No If yes, please explain on a separate sheet of paper.			O
manufacture, distribution or dispensing of con-		olation of any federal, state or local law relating to the , or to drug addiction?	•
VIOLATION AND LOCATION	DATE	PENALTY OR DISPOSITION	
States, or a foreign country? (except violations Yes No If yes, g	s of traffic laws re ive details below:	,	0
VIOLATION AND LOCATION	DATE	PENALTY OR DISPOSITION	
1203.4 PENAL Co "Disclosure of your social security number is ma	ODE OR UNDER	HAS BEEN SET ASIDE AND DISMISSED UNDER SECTION ANY OTHER PROVISION OF LAW. on 30 of the Business and Professions Code and Pub. L. 94-4. y number. Your social security number will be used exclusive.	55 (42
for tax enforcement purposes. If you fail to	disclose your soc	y number. Your social security number will be used exclusi ial security number, you will be reported to the Franchise T \$100 penalty against you."	